

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 1745-478	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2	1		1				52				
3	2		1				53				
4	1		1				54				
5	1		1				55				
6	1		1				56				
7	1		1				57				
8	1		1				58				
9	1		1				59				
10	1		1				60				
11	1		1				61				
12	1		1				62				
13	1		1				63				
14	1		1				64				
15	1		1				65				
16	1		1				66				
17	1		1				67				
18	1		1				68				
19	1		1				69				
20	1		1				70				
21	1		1				71				
22	1		1				72				
23	1		1				73				
24	1		1				74				
25	2		1				75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3				TOTAL IND.				
TOTAL DEP.	24	→	22	→			TOTAL DEP.	→	→	→	→
TOTAL CLAIMS	27		25				TOTAL CLAIMS				